

State of North Carolina  
Department of Environment,  
Health and Natural Resources  
Division of Environmental Management

James B. Hunt, Jr., Governor  
Jonathan B. Howes, Secretary  
A. Preston Howard, Jr., P.E., Director



April 1, 1996

CERTIFIED MAIL NUMBER: P-536 317 051  
RETURN RECEIPT REQUESTED

R. L. Willis  
DOT  
4809 Beryl Drive  
Raleigh, NC 27606

SUBJECT: Underground Storage Tank (UST) Closure Assessment at NC DOT-  
Reidsville, Rt. 8, Box 87 (NC 65), Reidsville, Rockingham County, Incident  
Number Unassigned

Dear Mr. Willis:

The Groundwater Section of the Winston-Salem Regional Office is now reviewing the UST closure assessment for the subject location. In order to determine whether or not the closure was performed in accordance with State and Federal regulations, the Groundwater Section must be provided with the following information *30 days from receipt of this letter*:

- ✓ a USGS topographical quadrangle map OR County/City street map with the site location identified;
- ✓ a sample protocol: collection method (i.e. shovel, auger, backhoe, etc.), how samples were preserved and transported and **sample depths**; *11-12' Below surface*
- ✓ *ON TOP OF tank* unless the tank excavation extended to all areas of the dispenser locations, samples are needed under associated dispensers -- one sample beneath each coupling joint location (swing joint, flexible connector) and one additional sample for every ten feet of island; and,
- ✓ sample under all associated product lines with no less than one sample for lines 20 feet or shorter, and at least one sample for every 20 feet thereafter.

Your cooperation is appreciated. Providing the requested information by the deadline specified in this letter will prevent a Notice of Violation being issued to you for the failure to provide an adequate closure report.

All soil sample analyses must be accompanied by a chain-of-custody and the sampling protocol. *Please note that all subsurface investigative work is now required to be supervised by a Licensed Geologist or Professional Engineer, with all reports signed and sealed by that professional.* Please refer to the file name, **NC DOT- Reidsville**, on the cover letter of your reply. This will help us speed up the review. If you have any questions, please contact me at the letterhead address and/or telephone number.

Sincerely,

*Thomas Moore*

Thomas Moore  
Hydrogeological Technician

cc: Regional Office Files

P-536 317 051

POSTAGE FOR DERIVED MAIL  
NO POSTAGE REQUIRED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to

Street and No.

UST Closure Assess. NC DOT- Reidsville

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

R. L. Willis  
DOT  
4809 Beryl Drive  
Raleigh NC 27606

4a. Article Number

P-536 317 051

4b. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Registered                                | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                              | <input type="checkbox"/> Insured              |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

4/3/96

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8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Sean Willis*

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

Domestic Return Receipt

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